



Committee Name FRIENDS OF ZACK REED		Office Sought CLEVELAND COUNCIL		District 2
Street Address 3734 149TH ST		City CLEVELAND	State OH	Zip 44120
Candidate Name OR PAC Registration Number ZACK REED		Treasurer Name ZACK REED		Election Date (MM/DD/YYYY)

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year
2016

Amended Report

☐ No ☒ Yes

Termination

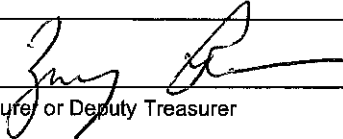
☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	24814.86
2. Total monetary contributions (From Forms 31-A and 31-E)	31687.55
3. Total other income (From Form 31-A-2)	1300.92
4. Total funds available (sum of lines 1, 2, 3)	57803.33
5. Total monetary expenditures (From Forms 31-B and 31-F)	14263.31
6. Balance on hand (line 4 minus line 5)	43540.02
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	142.00
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**



Signature of Treasurer or Deputy Treasurer

11-2-18

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED							
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	4	2	8	1
			6				8,750.00
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	2	0	1
			6				19,300.00
Full Name of Contributor ANTHONY ASHER						Registration Number, if PAC	
Street Address 7007 BROADWAY AVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City CLEVELAND	State O	Zip Code H 44105	M 1	D 0	Y 1	Amount 1,000.00	
			7				
Full Name of Contributor JILLIAN M. WOLSTEIN						Registration Number, if PAC	
Street Address 32200 CHESTNUT LN		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City CLEVELAND	State O	Zip Code H 44124	M 1	D 2	Y 3	Amount 1,500.00	
			0				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **30,550.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor CAHERINE NEMEH			Registration Number, if PAC		
Street Address 2511 INTERLACHEN LN	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City WESTLAKE	State OH	Zip Code 44145	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor THOMAS GEORGE			Registration Number, if PAC		
Street Address 24462 CORNERSTONE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City WESTLAKE	State OH	Zip Code 44145	Form (Cash, Check, etc) CHECK		Amount 1,000.00
Full Name of Contributor OMAR ZREIKA			Registration Number, if PAC		
Street Address 27500 BISHOP PARK DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City WILLOUGHBY HILLS	State OH	Zip Code 44092	Form (Cash, Check, etc) CHECK		Amount 500.00
Full Name of Contributor LIDIA S. RICHANI			Registration Number, if PAC		
Street Address 779 GREENWOOD PKWY	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City SAGAMORE HILLS	State OH	Zip Code 44067	Form (Cash, Check, etc) CHECK		Amount 150.00
Full Name of Contributor FADY CHAMOUN			Registration Number, if PAC		
Street Address 4149 W VALLEY RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City FAIRVIEW PARK	State OH	Zip Code 44126	Form (Cash, Check, etc) CHECK		Amount 1,000.00
Full Name of Contributor SAMER ALAYESH			Registration Number, if PAC		
Street Address 1400 W. 6TH STREET	Employer/Occupation/Labor Organization* DISH PLUS INC.		M 0	D 5	Y 16
City CLEVELAND	State OH	Zip Code 44113	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor PAUL CHAMOUN			Registration Number, if PAC		
Street Address 234 BEACHWOOD AVE.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City AVON LAKE	State OH	Zip Code 44012	Form (Cash, Check, etc) CHECK		Amount 100.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

8,750.00

Total expenditures this event

Page Total \$ 2,950.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor PIERROT E. BEJJANI			Registration Number, if PAC		
Street Address 7620 SPARROW FLIGHT DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City SEVEN HILLS	State O	Zip Code 44131	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ZIAD RAMEZ ELHAYEK			Registration Number, if PAC		
Street Address 31596 DETROIT ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City WESTLAKE	State O	Zip Code 44145	Amount 200.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LOUIS ACHKAR			Registration Number, if PAC		
Street Address 19206 LAUREL DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City WALTON HILLS	State O	Zip Code 44146	Amount 200.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RAMZI K HALASAH			Registration Number, if PAC		
Street Address 3578 BAINBRIDGE RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City CLEVELAND	State O	Zip Code 44118	Amount 200.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DANNY CHEDID			Registration Number, if PAC		
Street Address 16208 ST. CLAIR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City CLEVELAND	State O	Zip Code 44110	Amount 500.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MIKE VADER			Registration Number, if PAC		
Street Address 9900 BOSTON RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City NORTH ROYALTON	State O	Zip Code 44133	Amount 500.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DHRUUESH PATEL			Registration Number, if PAC		
Street Address 15637 ST. CLAIR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City CLEVELAND	State O	Zip Code 44110	Amount 250.00	Form(Cash,Check,etc) CHECK	

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Total contributions this event

Total expenditures this event

Page Total \$ **1,950.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor RISHI GODBOLF			Registration Number, if PAC		
Street Address 16208 ST. CLAIR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City CLEVELAND	State OH	Zip Code 44110	Form(Cash, Check, etc) CHECK		Amount 250.00
Full Name of Contributor KHALEED ZAYED			Registration Number, if PAC		
Street Address 3384 CONCORD CIR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City AVON	State OH	Zip Code 44011	Form(Cash, Check, etc) CHECK		Amount 200.00
Full Name of Contributor STEVE AJALTOUNI			Registration Number, if PAC		
Street Address 23252 BRIDGEPORT DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City NORTH OLMS TED	State OH	Zip Code 44070	Form(Cash, Check, etc) CHECK		Amount 200.00
Full Name of Contributor GEORGE Y CHAMOUN			Registration Number, if PAC		
Street Address 831 HARDWOOD CT	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City GATES MILLS	State OH	Zip Code 44040	Form(Cash, Check, etc) CHECK		Amount 1,000.00
Full Name of Contributor BASSAM B KHAWAM			Registration Number, if PAC		
Street Address 1529 BARCLAY BLVD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City WESTLAKE	State OH	Zip Code 44145	Form(Cash, Check, etc) CHECK		Amount 200.00
Full Name of Contributor JAMES KASSOUF			Registration Number, if PAC		
Street Address 19875 CENTER RIDGE RD #272	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City ROCKY RIVER	State OH	Zip Code 44116	Form(Cash, Check, etc) CHECK		Amount 500.00
Full Name of Contributor CHARBEL HARB			Registration Number, if PAC		
Street Address 3400 ALTOONA RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City CLEVELAND	State OH	Zip Code 44109	Form(Cash, Check, etc) CHECK		Amount 200.00

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Total contributions this event

Total expenditures this event

Page Total \$ 2,550.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor NAJIB RACHID			Registration Number, if PAC		
Street Address 1683 STATE RD	Employer/Occupation/Labor Organization* ROLANANO LTD		M 0	D 5	Y 16
City CUYAHOGA FALLS	State OH	Zip Code 44223	Form (Cash, Check, etc) CHECK		Amount 250.00
Full Name of Contributor PIERRE CHELALA			Registration Number, if PAC		
Street Address 6756 MALLARD DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City BRECKSVILLE	State OH	Zip Code 44141	Form (Cash, Check, etc) CHECK		Amount 200.00
Full Name of Contributor CHARBEL G BIRI			Registration Number, if PAC		
Street Address 12700 LAKE AVE APT 2610	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City LAKEWOOD	State OH	Zip Code 44107	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor DAVID S MARZICH			Registration Number, if PAC		
Street Address 1515 STILLWATER CT	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City BROADVIEW HEIGHTS	State OH	Zip Code 44147	Form (Cash, Check, etc) CHECK		Amount 500.00
Full Name of Contributor FARES N CHAMOUN			Registration Number, if PAC		
Street Address 1544 CEDARWOOD DR. APT 256	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City WESTLAKE	State OH	Zip Code 44145	Form (Cash, Check, etc) CHECK		Amount 250.00
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount

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Total contributions this event

Total expenditures this event

Page Total \$ 1,300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor MARK BARSOUM				Registration Number, if PAC	
Street Address 5980 MACKENZIE DRIVE	Employer/Occupation/Labor Organization*		M	D	Y
			1	1	0
City INDEPENDENCE	State O	Zip Code 44131	3	1	6
			Form (Cash, Check, etc) CHECK		Amount 50.00
Full Name of Contributor FRANK MAHNIC, JR.					
Street Address 12795 BROCKWAY DRIVE				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	300.00
City VALLEY VIEW	State O	Zip Code 44125	3	1	6
			Form (Cash, Check, etc) CHECK		
Full Name of Contributor DOUGAL O. MAYS					
Street Address 3775 E. 149TH STREET				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	100.00
City CLEVELAND	State O	Zip Code 44128	3	1	6
			Form (Cash, Check, etc) CHECK		
Full Name of Contributor ORAKWUE JOHN ANOLIEFO					
Street Address 1148 E. 98TH STREET				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	50.00
City CLEVELAND	State O	Zip Code 44108	3	1	6
			Form (Cash, Check, etc) CHECK		
Full Name of Contributor ROBERT P. MADISON					
Street Address 18975 VAN AKEN BLVD. #410				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	100.00
City SHAKER HEIGHTS	State O	Zip Code 44122	3	1	6
			Form (Cash, Check, etc) CHECK		
Full Name of Contributor ALI FARAJ					
Street Address 2410 GLEN VALLEY DRIVE				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
SEAWAY IN & OUT		1	1	0	500.00
City CLEVELAND	State O	Zip Code 44115	3	1	6
			Form (Cash, Check, etc) CHECK		
Full Name of Contributor LABORERS INTERNATIONAL UNION OF N. AMERICA					
Street Address 3334 PROSPECT AVE.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
L.P.A. FUND LOCAL 860		1	1	0	750.00
City CLEVELAND	State O	Zip Code 44115	3	1	6
			Form (Cash, Check, etc) CHECK		

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Total contributions this event

25,550.00

Total expenditures this event

Page Total \$ 1,850.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED						
Full Name of Contributor DANNY CHEDID			Registration Number, if PAC			
Street Address 16208 ST. CLAIR	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 500.00
City CLEVELAND	State O	Zip Code 44110	Form(Cash,Check,etc) MONEY ORD.			
Full Name of Contributor OMAR ZREIKA			Registration Number, if PAC			
Street Address 27500 BISHOP PARK DR.	Employer/Occupation/Labor Organization* KINSMAN EXPRESS BEV.		M 1	D 1	Y 0	Amount 1,000.00
City WILLOUGHBY HILLS	State O	Zip Code 44092	Form(Cash,Check,etc) CHECK			
Full Name of Contributor GOPAL P. PATEL			Registration Number, if PAC			
Street Address 2329 N. RIDGE E	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 200.00
City ASHTABULA	State O	Zip Code 44004	Form(Cash,Check,etc) CHECK			
Full Name of Contributor STEVE AJALTOUNI			Registration Number, if PAC			
Street Address 23252 BRIDGEPORT DR.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 200.00
City NORTH OLMS TED	State O	Zip Code 44070	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TAREK CHEDID			Registration Number, if PAC			
Street Address 16208 ST. CLAIR	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 200.00
City CLEVELAND	State O	Zip Code 44110	Form(Cash,Check,etc) MONEY ORD.			
Full Name of Contributor VIMEET GODDOLE			Registration Number, if PAC			
Street Address 34470 SCOTCH LANE #5	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 250.00
City WILLOUGHBY HILLS	State O	Zip Code 44094	Form(Cash,Check,etc) MONEY ORD.			
Full Name of Contributor BASSAM B. KHAWAM			Registration Number, if PAC			
Street Address 1529 BARCLAY BLVD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 150.00
City WESTLAKE	State O	Zip Code 44145	Form(Cash,Check,etc) CHECK			

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Total contributions this event

Total expenditures this event

Page Total \$ **2,500.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor RAMZI K. HALASAH				Registration Number, if PAC	
Street Address 3578 BAINBRIDGE RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State OH	Zip Code 44118	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DHRUVESH M. PATEL				Registration Number, if PAC	
Street Address 7626 BROOKGATE WAY	Employer/Occupation/Labor Organization* MR. HEROES		M 1	D 1	Y 0
City NORTHFIELD	State OH	Zip Code 44067	Amount 750.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KRISTINE GEORGE				Registration Number, if PAC	
Street Address 18605 DETROIT AVE.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City LAKEWOOD	State OH	Zip Code 44107	Amount 1,500.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOSEPH T. GEORGE				Registration Number, if PAC	
Street Address 18605 DETROIT AVE.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City LAKEWOOD	State OH	Zip Code 44107	Amount 1,000.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LEWIS W. ADKINS, JR., SHAREHOLDER				Registration Number, if PAC SECTION 1785 PRO. ORG.	
Street Address 1375 EAST NINTH ST. 10TH FLOOR	Employer/Occupation/Labor Organization* ROETZEL & ANDRESS,		M 1	D 1	Y 0
City CLEVELAND	State OH	Zip Code 44114	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARK DAZA				Registration Number, if PAC	
Street Address 12502 KINSMAN	Employer/Occupation/Labor Organization* MARATHON		M 1	D 1	Y 0
City CLEVELAND	State OH	Zip Code 44120	Amount 500.00	Form(Cash,Check,etc) MONEY ORD.	
Full Name of Contributor JANET P. LOCKHART				Registration Number, if PAC	
Street Address 4386 SEXTON RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State OH	Zip Code 44105	Amount 50.00	Form(Cash,Check,etc) CHECK	

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Total contributions this event

Total expenditures this event

Page Total \$ 3,950.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor JAMES F. SIEVERS, JR.			Registration Number, if PAC		
Street Address 7191 SOWFUL DRIVE	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CONCORD	State O	Zip Code 444077	Amount 50.00	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ALAN D. ROSSKAMM			Registration Number, if PAC		
Street Address 7185 SETTLERS RIDGE RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City GATES MILLS	State O	Zip Code 44040	Amount 50.00	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ENVIRONMENTAL DESIGN GROUP			Registration Number, if PAC PAC		
Street Address 450 GRANT ST.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City AKRON	State O	Zip Code 44311	Amount 100.00	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ROSHAWN K. SAMPLE			Registration Number, if PAC		
Street Address 4112 E. 148TH STREET	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State O	Zip Code 44128	Amount 100.00	Form (Cash, Check, etc) CHECK	
Full Name of Contributor EAD ZAYED			Registration Number, if PAC		
Street Address 3384 CONCORD CIRCLE	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City AVON	State O	Zip Code 44011	Amount 250.00	Form (Cash, Check, etc) MONEY ORD.	
Full Name of Contributor ROBERT S. DESKINS			Registration Number, if PAC		
Street Address 3300 E. 87TH STREET	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State O	Zip Code 44127	Amount 500.00	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOEL COLE			Registration Number, if PAC		
Street Address 10844 BARON DR.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City PARMA	State O	Zip Code 44130	Amount 250.00	Form (Cash, Check, etc) CHECK	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor KENNETH HARDY			Registration Number, if PAC		
Street Address 10821 WADE PARK	Employer/Occupation/Labor Organization* BONNIE SPEED		M 1	D 0	Y 3
City CLEVELAND	State OH	Zip Code 44106	Form(Cash,Check,etc) CHECK		Amount 1,000.00
Full Name of Contributor FAHED F. MOHAMMAD			Registration Number, if PAC		
Street Address 19106 WESTFIELD LN	Employer/Occupation/Labor Organization* FRANK'S EXPRESS STOP		M 1	D 0	Y 3
City STRONGSVILLE	State OH	Zip Code 44136	Form(Cash,Check,etc) CHECK		Amount 750.00
Full Name of Contributor THOMAS K. STONE			Registration Number, if PAC		
Street Address 3447 BERKELEY RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City CLEVELAND	State OH	Zip Code 44118	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor MARC A. STEFANSKI			Registration Number, if PAC		
Street Address 35075 SHAKER BOULEVARD	Employer/Occupation/Labor Organization* THIRD FEDERAL SAV.		M 1	D 0	Y 3
City HUNTING VALLEY	State OH	Zip Code 44022	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor DAVID TURNER			Registration Number, if PAC		
Street Address 3142 HOWELL DR.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City POLAND	State OH	Zip Code 44514	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor GIHAD ZAYED			Registration Number, if PAC		
Street Address 1685 SPERRY FORGE TRAIL	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City WESTLAKE	State OH	Zip Code 44145	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor JOHN D. GADD II			Registration Number, if PAC		
Street Address 22 N. MAIN ST. #2	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City CHAGRIN FALLS	State OH	Zip Code 44022	Form(Cash,Check,etc) CHECK		Amount 250.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,875.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor ANTHONY CIFANI			Registration Number, if PAC		
Street Address 8100 GRAND AVE. STE. 300	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State OH	Zip Code 44104	Amount 1,500.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN T. MACDONALD			Registration Number, if PAC		
Street Address 15301 ROCKSIDE RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City MAPLE HEIGHTS	State OH	Zip Code 44137	Amount 150.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BENJAMIN J. RABABY			Registration Number, if PAC		
Street Address 14800 WINDING WAY	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City N. ROYALTON	State OH	Zip Code 44133	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHARBEL HARB			Registration Number, if PAC		
Street Address 3400 ALTOONA RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State OH	Zip Code 44109	Amount 500.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BRENTON J. LEWANSKI			Registration Number, if PAC		
Street Address 30993 BELLERIVE CT.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City WESTLAKE	State OH	Zip Code 44145	Amount 250.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARK PERKINS			Registration Number, if PAC		
Street Address 7220 ROLLINGBROOK TRL	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City OLON	State OH	Zip Code 44139	Amount 250.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LEE A. TROTTER			Registration Number, if PAC		
Street Address 18950 SHAKER BLVD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City SHAKER HEIGHTS	State OH	Zip Code 44122	Amount 50.00	Form(Cash,Check,etc) CHECK	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name of Contributor BRIAN K. SMITH, SR.				Registration Number, if PAC	
Street Address 35650 BRAINBRIDGE RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City SOLOM	State O	Zip Code 44139	Form(Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor ELOISE HENRY				Registration Number, if PAC	
Street Address 698 EDGEWOOD RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City RICHMOND HTS.	State O	Zip Code 44143	Form(Cash, Check, etc) CHECK		Amount 25.00
Full Name of Contributor DONNA DABBS				Registration Number, if PAC	
Street Address 9613 THORN AVE.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State O	Zip Code 44108	Form(Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor ALTON TINKER				Registration Number, if PAC	
Street Address 5951 SUNSET DR.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City BEDFORD HTS.	State O	Zip Code 44146	Form(Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor DAVID ZUPANCIC				Registration Number, if PAC	
Street Address 2400 ORANGE AVE. UNIT 6411	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City CLEVELAND	State O	Zip Code 1	Form(Cash, Check, etc) CHECK		Amount 300.00
Full Name of Contributor KENT A. WHITLEY				Registration Number, if PAC	
Street Address 15919 CHADBOURNE RD.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City SHAKER HEIGHTS	State O	Zip Code 44120	Form(Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor GEORGE T. SIMON				Registration Number, if PAC	
Street Address 6200 ROCKSIDE WOODS #105	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City INDEPENDENCE	State O	Zip Code 44131	Form(Cash, Check, etc) CHECK		Amount 500.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,225.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED						
Full Name of Contributor THE PROJECT GROUP, LLC			Registration Number, if PAC PAC			
Street Address 1900 GROVE COURT	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 250.00
City CLEVELAND	State O	Zip Code 44113	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOE KASSOUTH			Registration Number, if PAC			
Street Address 1370 WEST 6TH ST. #206	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 300.00
City CLEVELAND	State O	Zip Code 44113	Form(Cash,Check,etc)			
Full Name of Contributor RONALD SOEDER			Registration Number, if PAC			
Street Address 6114 BROADWAY AVENUE	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 100.00
City CLEVELAND	State O	Zip Code 44127	Form(Cash,Check,etc) MONEY ORD.			
Full Name of Contributor BENNY BONANNO			Registration Number, if PAC			
Street Address 19646 BATTERSEA BLVD.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1	Amount 200.00
City ROCKY RIVER	State O	Zip Code 44116	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMAL MESLEH			Registration Number, if PAC			
Street Address 21207 CREEKSID DR.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1	Amount 250.00
City STRONGSVILLE	State O	Zip Code 44136	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JEFFREY S. HASSAN			Registration Number, if PAC			
Street Address 4519 S. HILLS DR.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1	Amount 250.00
City CLEVELAND	State O	Zip Code 44109	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMES J. KASSOUF			Registration Number, if PAC			
Street Address 1055 OLD RIVER RD. # 537	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1	Amount 200.00
City CLEVELAND	State O	Zip Code 44113	Form(Cash,Check,etc) CHECK			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **1,550.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF ZACK REED				
Full Name of Contributor FADI ALI			Registration Number, if PAC	
Street Address 4021-25 E. 131ST STREET	Employer/Occupation/Labor Organization*		M D Y 1 1 0 3 1 6	Amount 500.00
City CLEVELAND	State O H	Zip Code 44105	Form(Cash,Check,etc) MONEY ORD.	
Full Name of Contributor MATE MANSOUR			Registration Number, if PAC	
Street Address 10622 LORAIN AVE.	Employer/Occupation/Labor Organization* NAIL PRO 2000 CORP.		M D Y 1 1 0 3 1 6	Amount 200.00
City CLEVELAND	State O H	Zip Code 44111	Form(Cash,Check,etc) CHECK	
Full Name of Contributor HANADA ZADAIB			Registration Number, if PAC	
Street Address 9911 MILES AVE.	Employer/Occupation/Labor Organization* NEIGHBORHOOD MKT		M D Y 1 1 0 3 1 6	Amount 150.00
City CLEVELAND	State O H	Zip Code 44105	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MIKE MUSLEH			Registration Number, if PAC	
Street Address 14102 KINSMAN RD.	Employer/Occupation/Labor Organization* NEXT BEAUTY		M D Y 1 1 0 3 1 6	Amount 250.00
City CLEVELAND	State O H	Zip Code 44120	Form(Cash,Check,etc) MONEY ORD.	
Full Name of Contributor GERALD ZAHLER			Registration Number, if PAC	
Street Address 28601 CHAGRIN BLVD.	Employer/Occupation/Labor Organization*		M D Y 1 1 0 3 1 6	Amount 150.00
City BEACHWOOD	State O H	Zip Code 44122	Form(Cash,Check,etc) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,250.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED					
Full Name VERIZON WIRELESS			Registration Number, if PAC		
Address 4926 DRESSLER RD. NW	Type* R E		M 0	D 6	Y 2
City CANTON	State O H	Zip Code 44718	Amount 0.39	Form(Cash,Check,etc) CREDIT	
Full Name THE WESTIN NEW YORK GRAND CENTRAL			Registration Number, if PAC		
Address 212 E. 42ND ST	Type* R E		M 0	D 6	Y 2
City NEW YORK	State N Y	Zip Code 10017	Amount 976.83	Form(Cash,Check,etc) CREDIT	
Full Name UNITED AIRLINES, INC.			Registration Number, if PAC		
Address P.O. BOX 06649	Type* R E		M 0	D 8	Y 0
City CHICAGO	State I L	Zip Code 60606	Amount 323.70	Form(Cash,Check,etc) CREDIT	
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid YELLOW CAB						M 0	D 1	Y 0	Amount 18.90
Address 1200 MISSISSIPPI ST		Purpose CAB FARE							
City SAN FRANCISCO		State C	A A	Zip Code 94107	Check Number DEBIT				
To Whom Paid YELLOW CAB						M 0	D 1	Y 0	Amount 18.90
Address 1200 MISSISSIPPI ST		Purpose CAB FARE							
City SAN FRANCISCO		State C	A A	Zip Code 94107	Check Number DEBIT				
To Whom Paid UNITED AIRLINES, INC.						M 0	D 1	Y 0	Amount 25.00
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO		State I	L L	Zip Code 60606	Check Number DEBIT				
To Whom Paid AMOS Z. MAHSUA COMPANY INC.						M 0	D 1	Y 1	Amount 1,000.00
Address 1111 E. SUPERIOR AVE.,		Purpose ACCOUNTING SERVICE							
City CLEVELAND		State O	H H	Zip Code 44114	Check Number 1159				
To Whom Paid UNITED AIRLINES, INC.						M 0	D 1	Y 2	Amount 11.99
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO		State I	L L	Zip Code 60606	Check Number DEBIT				
To Whom Paid UNITED AIRLINES, INC.						M 0	D 1	Y 2	Amount 264.20
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO		State I	L L	Zip Code 60606	Check Number DEBIT				
To Whom Paid HOTWIRE						M 0	D 0	Y 2	Amount 330.48
Address 655 MONTGOMERY ST. #6000		Purpose LODGING							
City SAN FRANCISCO		State C	A A	Zip Code 94111	Check Number DEBIT				
To Whom Paid VERIZON WIRELESS						M 0	D 2	Y 1	Amount 177.19
Address 4926 DRESSLER RD NW		Purpose CELL PHONE							
City CANTON		State O	H H	Zip Code 44718	Check Number 1161				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid USPS						M 0	D 2	Y 1	Amount 49.00
Address 2400 ORANGE AVENUE		Purpose POSTAGE STAMPS							
City CLEVELAND		State O	Zip Code H 44109	Check Number 1162					
To Whom Paid UNITED AIRLINES, INC.						M 0	D 2	Y 1	Amount 25.00
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO		State I	Zip Code L 60606	Check Number DEBIT					
To Whom Paid NYC AIRPORTER						M 0	D 2	Y 1	Amount 14.00
Address 140 E. 41ST ST		Purpose CAB FARE							
City NEW YORK		State N	Zip Code Y 10168	Check Number DEBIT					
To Whom Paid NYC TAXI						M 0	D 2	Y 1	Amount 12.30
Address 21-03 44TH AVENUE		Purpose CAB FARE							
City LONG ISLAND CITY		State N	Zip Code Y 11101	Check Number DEBIT					
To Whom Paid NYC TAXI						M 0	D 2	Y 1	Amount 9.80
Address 21-03 44TH AVENUE		Purpose CAB FARE							
City LONG ISLAND CITY		State N	Zip Code Y 11101	Check Number DEBIT					
To Whom Paid NYC AIRPORTER						M 0	D 2	Y 1	Amount 14.00
Address 140 E. 41ST ST		Purpose CAB FARE							
City NEW YORK		State N	Zip Code Y 10168	Check Number DEBIT					
To Whom Paid UNITED AIRLINES, INC.						M 0	D 2	Y 1	Amount 25.00
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO		State I	Zip Code L 60606	Check Number DEBIT					
To Whom Paid JIM BURGE FOR JUDGE						M 0	D 2	Y 1	Amount 100.00
Address 225 COURT ST..		Purpose CONTRIBUTION							
City ELYRIA		State O	Zip Code H 44035	Check Number 1163					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid VERIZON WIRELSS						M	D	Y	Amount
						0	3	0	216.25
Address 4926 DRESSLER RD. NW		Purpose CELL PHONE							
City CANTON	State O	Zip Code 44718	Check Number 1165						
To Whom Paid UNITED AIRLINES, INC.						M	D	Y	Amount
						0	3	3	8.99
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO	State I	Zip Code 60606	Check Number DEBIT						
To Whom Paid UNITED AIRLINES, INC.						M	D	Y	Amount
						0	3	3	8.99
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO	State I	Zip Code 60606	Check Number DEBIT						
To Whom Paid UNITED AIRLINES, INC.						M	D	Y	Amount
						0	4	0	286.20
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO	State I	Zip Code 60606	Check Number DEBIT						
To Whom Paid HOTWIRE						M	D	Y	Amount
						0	4	0	715.17
Address 655 MONTGOMERY ST. #6000		Purpose LODGING							
City SAN FRANCISCO	State C	Zip Code 94111	Check Number DEBIT						
To Whom Paid VERIZON WIRELSS						M	D	Y	Amount
						0	4	0	175.43
Address 4926 DRESSLER RD. NW		Purpose CELL PHONE							
City CANTON	State O	Zip Code 44718	Check Number 1166						
To Whom Paid UNITED AIRLINES, INC.						M	D	Y	Amount
						0	5	0	25.00
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO	State I	Zip Code 60606	Check Number 1167						
To Whom Paid NYC AIRPORTER						M	D	Y	Amount
						0	5	0	26.00
Address 140 E. 41ST ST.		Purpose CAB FARE							
City NEW YORK	State N	Zip Code 10168	Check Number DEBIT						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid NYC TAXI						M 0 5	D 0 5	Y 1 6	Amount 11.30
Address 21-03 44TH AVENUE			Purpose CAB FARE						
City LONG ISLAND CITY			State N Y	Zip Code 11101		Check Number DEBIT			
To Whom Paid NYC TAXI						M 0 5	D 0 5	Y 1 6	Amount 9.30
Address 21-03 44TH AVENUE			Purpose CAB FARE						
City LONG ISLAND CITY			State N Y	Zip Code 11101		Check Number DEBIT			
To Whom Paid NYC TAXI						M 0 5	D 0 6	Y 1 6	Amount 14.80
Address 21-03 44TH AVENUE			Purpose CAB FARE						
City LONG ISLAND CITY			State N Y	Zip Code 11101		Check Number DEBIT			
To Whom Paid AWESOME TAXI MANAGEMENT						M 0 5	D 0 6	Y 1 6	Amount 10.30
Address 330 BUTLER ST.,			Purpose CAB FARE						
City BROOKLYN			State N Y	Zip Code 11217		Check Number DEBIT			
To Whom Paid MTA NORTH						M 0 5	D 0 6	Y 1 6	Amount 15.50
Address 2 BROADWAY			Purpose CAB FARE						
City NEW YORK			State N Y	Zip Code 10004		Check Number DEBIT			
To Whom Paid UNITED AIRLINES, INC.						M 0 5	D 0 9	Y 1 6	Amount 25.00
Address P.O. BOX 06649			Purpose AIR FARES						
City CHICAGO			State I L	Zip Code 60606		Check Number DEBIT			
To Whom Paid VERIZON WIRELESS						M 0 5	D 0 9	Y 1 6	Amount 203.47
Address 420 LEXINGTON AVE.			Purpose CELL PHONE						
City NEW YORK			State N Y	Zip Code 10170		Check Number 1167			
To Whom Paid OHIO ETHICS COMMISSION						M 0 5	D 1 8	Y 1 6	Amount 35.00
Address 30 W. SPRING ST.			Purpose FEES						
City COLUMBUS			State O H	Zip Code 43215		Check Number DEBIT			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid VERIZON WIRELESS						M	D	Y	Amount
						0	5	2	193.53
Address 4926 DRESSLER RD., NW		Purpose CELL PHONE							
City CANTON	State O	H	Zip Code 44718	Check Number 1160					
To Whom Paid HOTWIRE						M	D	Y	Amount
						0	6	0	769.65
Address 655 MONTGOMERY ST #600		Purpose LODGING							
City SAN FRANCISCO	State C	A	Zip Code 1	Check Number DEBIT					
To Whom Paid THE WESTIN NEW YORK GRAND CENTRAL						M	D	Y	Amount
						0	6	1	976.83
Address 212 E. 42ND ST		Purpose LODGING							
City NEW YORK	State N	Y	Zip Code 10017	Check Number DEBIT					
To Whom Paid NYC TAXI						M	D	Y	Amount
						0	6	1	13.80
Address 21-03 44TH AVENUE		Purpose CAB FARE							
City LONG ISLAND CITY	State N	Y	Zip Code 11101	Check Number DEBIT					
To Whom Paid NYC TAXI						M	D	Y	Amount
						0	6	1	8.80
Address 21-03 44TH AVENUE		Purpose CAB FARE							
City LONG ISLAND CITY	State N	Y	Zip Code 11101	Check Number DEBIT					
To Whom Paid THE WESTIN NEW YORK GRAND CENTRAL						M	D	Y	Amount
						0	6	1	14.95
Address 212 E. 42ND ST		Purpose LODGING							
City NEW YORK	State N	Y	Zip Code 10017	Check Number DEBIT					
To Whom Paid OHIO DEMOCRATIC PARTY						M	D	Y	Amount
						0	6	1	100.00
Address 340 EAST FULTON STREET		Purpose CONTRIBUTION							
City COLUMBUS	State O	H	Zip Code 43215	Check Number 1164					
To Whom Paid SMITH LIMOUSINE						M	D	Y	Amount
						0	7	0	95.00
Address 3800 EAST 151ST		Purpose TRANSPORTATION SERVICE							
City CLEVELAND	State O	H	Zip Code 44125	Check Number 1168					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid ANTHONY HAIRSTON						M 0 7	D 1 9	Y 1 6	Amount 100.00
Address 2079 E. 9TH ST				Purpose CONTRIBUTION					
City CLEVELAND		State O H	Zip Code 44115	Check Number 1169					
To Whom Paid KARAMU THEATRE						M 0 7	D 2 3	Y 1 6	Amount 150.00
Address 2355 E. 89TH ST.				Purpose DONATION/SUBSCRIPTION					
City CLEVELAND		State O H	Zip Code 44106	Check Number 1171					
To Whom Paid VERIZON WIRELESS						M 0 7	D 1 7	Y 1 6	Amount 171.22
Address 4926 DRESSLERRD. NW				Purpose CELL PHONE					
City CANTON		State O H	Zip Code 44718	Check Number 1170					
To Whom Paid VERIZON WIRELESS						M 0 8	D 0 1	Y 1 6	Amount 184.47
Address 27460 CHAGRIN BLVD				Purpose CELL PHONE					
City BEACHWOOD		State O H	Zip Code 44122	Check Number 1172					
To Whom Paid JULIA DE DURGOS						M 0 8	D 0 5	Y 1 6	Amount 75.00
Address 3800 BRIDGE AVE.,				Purpose CONTRIBUTION					
City CLEVELAND		State O H	Zip Code 44113	Check Number 1173					
To Whom Paid UNITED AIRLINES, INC.						M 0 9	D 0 8	Y 1 6	Amount 323.70
Address P.O. BOX 06649				Purpose AIR FARES					
City CHICAGO		State I L	Zip Code 60606	Check Number DEBIT					
To Whom Paid HOTELS FOR EVERYONE						M 0 8	D 1 6	Y 1 6	Amount 445.38
Address 5277 MANHATTEN CIRCLE #250				Purpose LODGING					
City BOULDER		State C O	Zip Code 44133	Check Number DEBIT					
To Whom Paid UNITED AIRLINES, INC.						M 0 8	D 2 5	Y 1 6	Amount 489.70
Address P.O. BOX 06649				Purpose AIR FARES					
City CHICAGO		State I L	Zip Code 60606	Check Number DEBIT					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid DC TAXI						M 0 8	D 2 9	Y 1 6	Amount 12.25
Address 1636 BLADENSBURG RD NE		Purpose CAB FARE							
City WASHINGTON		State D C	Zip Code 20002	Check Number DEBIT					
To Whom Paid DC VIP CAB						M 0 8	D 2 9	Y 1 6	Amount 11.33
Address 1636 BLADENSBURG RD NE		Purpose CAB FARE							
City WASHINGTON		State D C	Zip Code 20002	Check Number DEBIT					
To Whom Paid HYATT REGENCY WASHINGTON ON CAPITAL HILL						M 0 8	D 2 9	Y 1 6	Amount 12.87
Address 400 NEW JERSEY AVE NW		Purpose MEALS							
City WASHINGTON		State D C	Zip Code 20001	Check Number DEBIT					
To Whom Paid VERIZON WIRELESS						M 0 8	D 2 8	Y 1 6	Amount 245.19
Address 4926 DRESSLER RD NW		Purpose CELL PHONE							
City CANTON		State O H	Zip Code 44718	Check Number 1174					
To Whom Paid BRIAN TRAFIS						M 0 8	D 2 9	Y 1 6	Amount 500.00
Address 10234 NORTH RED OAK		Purpose WEB SITE							
City NORTH ROYALTON		State O H	Zip Code 44133	Check Number 1176					
To Whom Paid KEYBANK						M 0 8	D 3 1	Y 1 6	Amount 40.00
Address P.O. BOX 93885		Purpose ANNUAL FEE							
City CLEVELAND		State O H	Zip Code 44101	Check Number DEBIT					
To Whom Paid UNITED AIRLINES, INC.						M 0 9	D 0 7	Y 1 6	Amount 25.00
Address P.O. BOX 06649		Purpose AIR FARES							
City CHICAGO		State I L	Zip Code 60606	Check Number DEBIT					
To Whom Paid YELLOW CAB CO-OP						M 0 9	D 1 2	Y 1 6	Amount 20.00
Address 1200 MISSISSIPPI STREET		Purpose CAB FARE							
City SAN FRANCISCO		State C A	Zip Code 94107	Check Number DEBIT					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid UNITED AIRLINES, INC.						M 0	D 9	Y 1	Amount 25.00
Address P.O. BOX06649		Purpose CAB FARE		Check Number DEBIT					
City CHICAGO		State I	Zip Code L 60606						
To Whom Paid VERIZON WIRELESS						M 0	D 9	Y 2	Amount 187.66
Address 6712 ROCKSIDE RD		Purpose CELL PHONE		Check Number 1177					
City INDEPENDENCE		State O	Zip Code H 44131						
To Whom Paid JOHN ZOGBY STRATEGIES						M 1	D 0	Y 0	Amount 2,500.00
Address 10 OAKWOOD DR.		Purpose CAMPAIGN CONSULTANT		Check Number 1175					
City NEW HARTFORD		State N	Zip Code Y 13413						
To Whom Paid VERIZON WIRELESS						M 1	D 0	Y 2	Amount 187.62
Address 4926 DRESSLER RD NW		Purpose CELL PHONE		Check Number 1180					
City CANTON		State O	Zip Code H 44718						
To Whom Paid WALMART						M 1	D 1	Y 2	Amount 52.38
Address 1868 WARRENSVILLE CENTER RD		Purpose ENVELOPES & LABELS		Check Number 1181					
City SOUTH EUCLID		State O	Zip Code H 44121						
To Whom Paid VERIZON WIRELESS						M 1	D 1	Y 2	Amount 187.62
Address 6035 DURAND AVE		Purpose CELL PHONE		Check Number 1182					
City MOUNT PLEASANT		State W	Zip Code I 53406						
To Whom Paid USPS						M 1	D 1	Y 2	Amount 155.10
Address 2400 ORANGE AVE.		Purpose POSTAGE		Check Number 1183					
City CLEVELAND		State O	Zip Code H 44115						
To Whom Paid TAZA LEBANESE GRILL DOWNTOWN						M 1	D 1	Y 2	Amount 627.93
Address 1400 W 6TH ST		Purpose FOOD FOR MEETING		Check Number DEBIT					
City CLEVELAND		State O	Zip Code H 44113						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF ZACK REED									
To Whom Paid THE WESTIN CLEVELAND DOWNTOWN						M 1	D 2	Y 0	Amount 115.34
Address 777 ST. CLAIR AVENUE, NE				Purpose LODGING					
City CLEVELAND				State OH	Zip Code 44114	Check Number DEBIT			
To Whom Paid SEE EXPENDITURES FROM FORM 31-F						M 1	D 0	Y 2	Amount 152.88
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid PAYPAL						M 1	D 0	Y 7	Amount 29.30
Address 2211 N. 1ST ST				Purpose TRANSACTION FEE					
City SAN JOSE				State CA	Zip Code 95131	Check Number DEBIT			
To Whom Paid PAYPAL						M 1	D 2	Y 3	Amount 43.80
Address 2211 N. 1ST ST				Purpose TRANSACTION FEE					
City SAN JOSE				State CA	Zip Code 95131	Check Number DEBIT			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			

Page Total \$ 341.32

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full FRIENDS OF ZACK REED								
To Whom Paid WALMART					M	D	Y	Amount 21.28
					0	9	2	5
Address 1868 WARRENSVILLE CENTER RD					Purpose ENVELOPES			
City CLEVELAND					State O H		Zip Code 44115	
					Check Number 1178			
To Whom Paid USPS					M	D	Y	Amount 131.60
					0	9	2	7
Address 2400 ORANGE AVE.					Purpose POSTAGE			
City CLEVELAND					State O H		Zip Code 44115	
					Check Number 1179			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State		Zip Code	
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State		Zip Code	
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State		Zip Code	
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State		Zip Code	
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City					State		Zip Code	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF ZACK REED									
To Whom Owed ZACK REED						Prior Amount 142.00		Amt. Incurred this Period	
Address 3734 EAST 149TH STREET						Item or Purpose for Debt ab, fare, postag		Outstanding Balance 142.00	
City CLEVELAND				State OH		Zip Code 44120		Payments Made This Period	
						Date		Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	5	1	8	0	8
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period	
								Date	
								Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period	
								Date	
								Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 142.00 (also record on cover page)